

SERFF Tracking Number: HUMA-127012979 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 47847
Company Tracking Number: HEALTH FRAUD END - 1744
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: Health Fraud Endorsement
Project Name/Number: /Health Fraud End - 1744

Filing at a Glance

Company: Kanawha Insurance Company

Product Name: Health Fraud Endorsement SERFF Tr Num: HUMA-127012979 State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved State Tr Num: 47847

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: HEALTH FRAUD END State Status: Approved-Closed
- 1744

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Cathie Morgan, Gary
Newman

Disposition Date: 02/07/2011

Date Submitted: 02/01/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: Health Fraud End - 1744

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The endorsement
has been simultaneously filed in our domicile
state of South Carolina.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 02/07/2011

State Status Changed: 02/07/2011

Deemer Date:

Created By: Gary Newman

Submitted By: Gary Newman

Corresponding Filing Tracking Number:

Filing Description:

We are submitting form number Health Fraud End - 1744 for review and approval. The form is new and is not intended to replace any form currently on file with your Department. This new form is an endorsement that will be used/attached to previously approved policy forms to add fraud language to those policy forms.

Form Health Fraud End - 1744 will be used with the following previously approved health products:

form 90840 , approved on 6/2/09;

form 70620 AR, approved on 11/4/09; and

Form 70130 AR, approved on 2/13/09, SERFF# MCHX-126124832.

<i>SERFF Tracking Number:</i>	<i>HUMA-127012979</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>HEALTH FRAUD END - 1744</i>		
<i>TOI:</i>	<i>H141 Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H141.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Health Fraud Endorsement</i>		
<i>Project Name/Number:</i>	<i>/Health Fraud End - 1744</i>		

In addition, the endorsement form may also be used with any new policy form that be approved by the Department in the future.

The endorsement form is in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval .

Thank you for your attention to this filing. If you should have any questions, please contact me at 502-476-1423. My email address is gnewman@humana.com

Company and Contact

Filing Contact Information

Gary Newman, Compliance Analyst	gnewman@humana.com
500 W. Main St.	502-476-1423 [Phone]
Louisville, KY 40202	

Filing Company Information

Kanawha Insurance Company	CoCode: 65110	State of Domicile: South Carolina
210 South White Street	Group Code: 119	Company Type:
Lancaster, SC 29721	Group Name:	State ID Number:
(800) 635-4252 ext. [Phone]	FEIN Number: 57-0380426	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form since there is no fee in our domicile state.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$50.00	02/01/2011	44276005

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Rosalind Minor	02/07/2011	02/07/2011

<i>SERFF Tracking Number:</i>	<i>HUMA-127012979</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 02/07/2011

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Endorsement to Policy	Approved-Closed	Yes

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Form Schedule

Lead Form Number: Health Fraud End - 1744

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/07/2011	Health Fraud End 1744	Policy/Cont Endorsement to -ract/Fratern Policy al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56.200	Fraud End Health 1744 .pdf

KANAWHA INSURANCE COMPANY

[210 S. WHITE STREET]
[LANCASTER, SC 29720]
TELEPHONE: [877-378-1505]

[PO BOX 610]
[LANCASTER, SC 29721-0610]

ENDORSEMENT TO POLICY

This Endorsement adds the following provision to the General Provisions section of Your Policy:

Fraud

Fraud is when any person(s) willingly and knowingly engage(s) in an activity intended to defraud Us, by submitting a Claim Form, Application or other form that contain(s) a false or deceptive statement, or other false information.

If You commit Fraud, You may also be guilty of the crime of insurance fraud and subject to fine(s) and or imprisonment, or both, if convicted.


If You commit Fraud against Us, as determined by Us, Your coverage ends automatically, without notice, as of the date Fraud is committed or as of the date otherwise determined by Us.

We reserve the right to recover any payments made by Us that were made to You and/or any party on Your behalf, based on fraudulent or misrepresented information.

No other provisions of Your Policy are affected by this Endorsement.

This Endorsement makes the changes stated above to the Policy. This Endorsement is made a part of and attached to the Policy.

Signed for the Company.

[]
[President]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	02/07/2011
Comments:		
Attachments:		
Health Fraud End 1744 READABILITY CERT.pdf		
ARKANSAS CERTIFICATION.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	02/07/2011
Bypass Reason:		
This submission is just to add an endorsement to previously approved health policy forms. There is no cost or fees associated with the endorsement. The endorsement is to add fraud language to the existing policies.		

Comments:

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	02/07/2011
Bypass Reason:		
This submission is just to add an endorsement to previously approved health policy forms. There is no cost or fees associated with the endorsement. The endorsement is to add fraud language to the existing policies.		

Comments:

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	02/07/2011
Bypass Reason:		
This submission is just to add an endorsement to previously approved health policy forms. There is no cost or fees associated with the endorsement. The endorsement is to add fraud		

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language to the existing policies.

Comments:

READABILITY CERTIFICATION

Company Name: Kanawha Insurance Company

NAIC Number: 65110

FEIN Number: 57-0380426

Subject: Health Fraud End – 1744, Endorsement to Policy

As an officer of Kanawha Insurance Company, I hereby certify that the following form achieves a Flesch score that meets or exceeds requirements as follows:

Form Number

Flesch Score

Health Fraud End - 1744

56.2



R. Dale Vaughan, President

February 1, 2011

Date

ARKANSAS CERTIFICATION

I, R. Dale Vaughan, President of Kanawha Insurance Company, do hereby attest and certify to the following:

The Company has reviewed its issuance procedures. The Company is in compliance with Regulation 49, Life and Health Insurance Guaranty Association Notices.

This policy form submission, meets the provisions of Regulation 19, Unfair Sex Discrimination in the Sale of Insurance, as well as applicable requirements if the Arkansas Insurance Department.

Kanawha Insurance Company

A handwritten signature in black ink, reading "R. Dale Vaughan". The signature is written in a cursive, flowing style.

R. Dale Vaughan, President

February 1, 2011

Date